

UNITED STATES DISTRICT COURT

for the

Northern District of California

DANIEL R WILLIAMS

Plaintiff

v.

CALIFORNIA DEPT OF MENTAL HEALTH

Defendant

Civil Action No. CV 08-00713 PJH(PR)

Summons in a Civil Action

E-filing

To: (Defendant's name and address)

**Ed Foulk, Executive Director**

Napa State Hospital

2100 Napa-Vallejo Highway

Napa, CA 94558-6293

A lawsuit has been filed against you.

Within 20 days after service of this summons on you (not counting the day you received it), you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, whose name and address are:

**Daniel Rayfel Williams, 2285306**

Napa State Hospital, 2100 Napa-Vallejo Hwy.

Napa, CA 94558

If you fail to do so, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date:

June 18, 2008

Richard W. Wierking

Name of clerk of court

Felicia Reloba

Felicia Reloba

Deputy clerk's signature

AO 440 (Rev. 04/08) Civil Summons (Page 2)

**Proof of Service**

I declare under penalty of perjury that I served the summons and complaint in this case on \_\_\_\_\_,  
by:

(1) personally delivering a copy of each to the individual at this place, \_\_\_\_\_;  
\_\_\_\_\_ ; or

(2) leaving a copy of each at the individual's dwelling or usual place of abode with \_\_\_\_\_  
who resides there and is of suitable age and discretion; or

(3) delivering a copy of each to an agent authorized by appointment or by law to receive it whose name is  
\_\_\_\_\_ ; or

(4) returning the summons unexecuted to the court clerk on \_\_\_\_\_ ; or

(5) other (*specify*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

Date: \_\_\_\_\_

\_\_\_\_\_  
Server's signature

\_\_\_\_\_  
Printed name and title

\_\_\_\_\_  
Server's address

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**

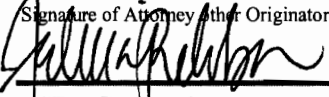
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF DANIEL R. WILLIAMS		COURT CASE NUMBER CV-08-0713 PJH (PR)	
DEFENDANT California Department of Mental Health		TYPE OF PROCESS Summons Order and Complaint	
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	Ed Foulk, Executive Director ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Napa State Hospital, 2100 Napa-Vallejo Highway, Napa 94558-6293		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	3
Daniel R. Williams, 2285306 Napa State Hospital 2100 Napa-Vallejo Highway Napa, CA 94558		Number of parties to be served in this case	1
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or Originator requesting service on behalf of:  <b>Felicia Reloba</b>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-522-2000	DATE 6/18/08
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above) _____				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above) _____				Date _____	Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy _____	
Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)  <b>\$0.00</b>

REMARKS:

**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00